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7590

08/10/2007

~~XXXXXXXXXXXX~~ Gregory J. Carlin
Edwards Lifesciences LLC
One Edwards Way, Legal Department
Irvine, CA 92614

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Rebecca Hernandez

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/619,760

07/14/2003

Denise Barbut

RMI-5708CIPCONS

7383

TITLE OF INVENTION: AORTIC OCCLUDER WITH ASSOCIATED FILTER AND METHODS OF USE DURING CARDIAC SURGERY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

NO

\$1400

\$300

\$0

\$1700

11/13/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
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BOUCHELLE, LAURA A

3763

604-104000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

☐ (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

☐ (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Gregory J. Carlin

2 Rajiv Yadav

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

EDWARDS LIFESCIENCES CORPORATION

IRVINE, CALIFORNIA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government4a. The following fee(s) XXXXXXX000:☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies

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☐ A check is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1225 (enclose an extra copy of this form).

(RMI-5708CIPCONS)

5. Change in Entity Status (from status indicated above)

☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date October 30, 2007Typed or printed name Gregory J. CarlinRegistration No. 45,607

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